



Fire Officer Level II - Application

Captain Level

PLEASE PRINT OR TYPE

Form with fields for Name, Student Training ID Number, Date of Birth, Home Address, Daytime Phone, City, State, ZIP, Nighttime Phone, Date of Application, Date of Appointment, Fire Department Name, and Fire Department Code.

To facilitate your application, please include copies of any certificates for courses taken within the last six months.

Fire Officer Level I Certification Number _____

Completion date of college level courses:

- 1. General Psychology (40 hrs.) _____
2. Report Writing, Written Expression or course of similar content (40 hrs.) _____

Note: Adequate documentation of course content, hours and verification of completion must be submitted for review to the State Fire Administrator.

I affirm that I have completed the courses as shown.

SIGNATURE DATE

To be completed by fire chief, fire commissioner or top ranking municipal official.

I, _____, affirm that this individual has been assigned supervisory responsibilities commensurate with the Fire Officer Level II (Captain Level) classification.

RETURN TO:

Standards Unit
NYS DHSES
Office of Fire Prevention and Control
1220 Washington Avenue
Building 7A, Floor 2
Albany NY 12226
(518) 474-6746

SIGNATURE DATE
RANK OR TITLE
NAME OF FIRE DEPARTMENT OR MUNICIPALITY